

POSITION	ID NO.	DATE
CLASSIFIER	26	10/1/94
EXAMINER	76	10-18-94
TYPIST	357	01/20/95
VERIFIER	290	1-23-95
CORPS CORR.		
SPEC. HAND	422	1-17-95
FILE MAINT.	454	10-3
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	Original
1	1
2	2
3	3
4	4
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Best Available Copy

SYMBOLS
 ✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
51	51
52	52
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100	100